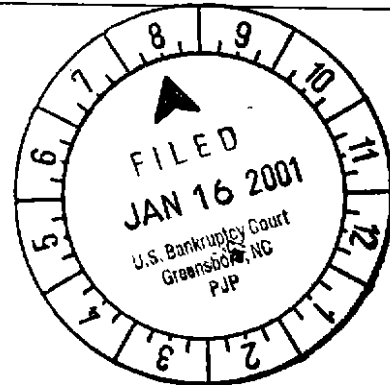


United States Bankruptcy Court Middle District of North Carolina		VOLUNTARY PETITION			
IN RE (Name of debtor-if individual, enter Last, First, Middle) WILLIAMS, JOHNNIE R.		NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle) WILLIAMS, GRACE C.			
ALL OTHER NAMES used by the debtor in the last 6 years (including married, maiden and trade names)		ALL OTHER NAMES used by the joint debtor in the last 6 years (include married, maiden and trade names)			
SOC. SEC./TAX I.D. NO. (If more than one, state all) 226-78-9287		SOC. SEC./TAX I.D. NO. (If more than one, state all) 237-76-7500			
STREET ADDRESS OF DEBTOR (No. and street, city, state, zip) 2733 RED PINE ROAD HILLSBOROUGH, NC 27278		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, zip) 2733 RED PINE ROAD HILLSBOROUGH, NC 27278			
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS DURHAM		COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS DURHAM			
MAILING ADDRESS OF DEBTOR (If different from street address)		MAILING ADDRESS OF JOINT DEBTOR (If different from street address)			
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above)		VENUE (Check one box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District			
INFORMATION REGARDING DEBTOR (Check applicable boxes)					
TYPE OF DEBTOR (Check one box) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation Publicly Held <input checked="" type="checkbox"/> Joint (H&W) <input type="checkbox"/> Corporation Not Publicly Held <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____		CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> §304-Case Ancillary to			
NATURE OF DEBT (Check one box) <input checked="" type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A8B below A. TYPE OF BUSINESS (Check one box) <input type="checkbox"/> Farming <input type="checkbox"/> Transportation <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing/Mining <input type="checkbox"/> Construction <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Stockbroker <input type="checkbox"/> Real Estate <input type="checkbox"/> Railroad <input type="checkbox"/> Other Business		SMALL BUSINESS (Chapter 11 only) Foreign Proceeding <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. §101. <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. §1121 (e). (optional) FILING FEE (Check one box) <input checked="" type="checkbox"/> Filing fee attached <input type="checkbox"/> Filing fee to be paid in installments. (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments.			
B. BRIEFLY DESCRIBE NATURE OF BUSINESS		NAME AND ADDRESS OF LAW FIRM OR ATTORNEY Wootton & Wootton, PC 3200 Crossdaile Dr. Ste 601 Durham, NC 27705 Telephone No. 919-382-3065 FAX No. 919-382-2042			
		NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR (S) CLYDE WOOTTON/ LANCE WOOTTON State Bar # 4847/23353			
		<input type="checkbox"/> Debtor is not represented by an attorney. Telephone no. of debtor not represented by an attorney: ()			
STATISTICAL ADMINISTRATIVE INFORMATION (28 U.S.C. §604) (Estimates only) (Check applicable boxes)					
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that after any exempt property is excluded and administrative expenses paid there will be no funds available for distribution to unsecured creditors					
ESTIMATED NUMBER OF CREDITORS					
1-15	16-49	50-99	100-199	200-999	1000-over
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESTIMATED ASSETS					
Under 50,000	50,000-99,999	100,000-499,999	500,000-999,999	1,000,000-9,999,999	10,000,000-99,999,999
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESTIMATED LIABILITIES					
Under 50,000	50,000-99,999	100,000-499,999	500,000-999,999	1,000,000-9,999,999	10,000,000-99,999,999
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESTIMATED NUMBER OF EMPLOYEES - CH 11 & 12 ONLY					
0	1-19	20-99	100-999	1,000-OVER	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ESTIMATED NO. OF EQUITY HOLDERS - CH 11 & 12 ONLY					
0	1-19	20-99	100-999	1,000-OVER	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



THIS SPACE FOR
COURT USE ONLY

FEES PAID IN FULL

SIGNATURES

Date:

1/10/01

Signed:



Clyde A. Wootton

Attorney for the Debtor

(I) (We) Johnnie R. Williams and Grace C. Williams, declare under penalty of perjury that the information provided in this petition and schedules attached hereto is true and correct to the best of my knowledge, information and belief and that I am aware that I may proceed under Chapters 7 or 11 of Title 11, United States Code, understand the relief available under such chapters and choose to proceed under Chapter 13.

Date:

1-10-01

Signed:


Debtor

Signed:



(Joint Debtor, if any)

AFFIDAVIT OF ATTORNEY

I, the undersigned attorney for the Debtor named in the foregoing petition, declare that I have informed the Debtor that the Debtor may proceed under Chapters 7, 11, or 13 of Title 11, United States Code, and have explained the relief available under each such chapter.

Date:

1/10/01

Signed:



Clyde A. Wootton

Attorney for the Debtor

NOTE: Petition with schedules are filed in duplicate (only the original needs to be signed with all copies conformed) with the U.S. Bankruptcy Court with the filing fee. A joint petition requires only one filing fee.

THE PLAN

The Debtor's take-home pay is \$ 1222.00 per month.

The Joint Debtor's take-home pay is \$ 700.00 per month.

	Debtor	Joint Debtor
Employer	Duke University	Mrs. Frank K. Borden
Address:	PO Box 90484 Durham, NC 27708	3829 Regent Road Durham, NC
Length of Employment:	11 years	20 years
Business Phone Number:	660-4285	489-4403

The Debtor's plan is to pay from future income and earnings, as much as reasonably possible, as determined by the Court, for a period not less than 36 months and not in excess of 60 months.

The Debtor considers the reasonable amount to be \$ 975.00 dollars per month and the reasonable plan length to be 60 months. However, the sum is subject to the determination of the Court from time to time. All funds will be disbursed to creditors, as may be approved by the Court, after first deducting costs of administration. Debtor has a principal place of employment, residence or domicile or owns property within this District.

Annexed hereto are schedules which set forth accurate descriptions and valuations of all the items of property, real and personal and a complete statement of all debts with the full names and addresses of all creditors.

REQUEST FOR RELIEF

The Debtor is an individual with regular income who owes, as of the date of the filing of this petition, noncontingent, liquidated, unsecured debts of less than \$100,000 and noncontingent liquidated secured debts of less than \$350,000 and hereby requests relief in accordance with Chapter 13 of Title 11, United States Code.

In re WILLIAMS	Case No.
Debtor(s)	(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, Or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
2733 RED PINE ROAD HILLSBOROUGH, NC 27278	OWNER		\$ 65,000.00	\$ 66,559.00
			\$	\$
			\$	\$

TOTAL →

\$ 65,000.00

(Report also on Summary of Schedules)

In re WILLIAMS	Case No.
Debtor(s)	(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None". If additional space is needed in any category, attach a separate sheet properly identified with the case name, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	<input checked="" type="checkbox"/>			\$
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.	<input checked="" type="checkbox"/>			\$
3. Security deposits with public utilities, telephone companies, landlords, and others.	<input checked="" type="checkbox"/>			\$
4. Household goods and furnishings, including audio, video, and computer equipment.	<input type="checkbox"/>	HOUSEHOLD GOODS		\$ 655.00
5. Books; pictures and other art objects; antiques; stamp, coin, record tape, compact disc, and other collections or collectibles.	<input checked="" type="checkbox"/>			\$
6. Wearing apparel.	<input type="checkbox"/>	CLOTHES		\$ 100.00
7. Furs and jewelry.	<input checked="" type="checkbox"/>			\$
8. Firearms and sports, photographic, and other hobby equipment.	<input checked="" type="checkbox"/>			\$
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each	<input checked="" type="checkbox"/>			\$
10. Annuities. Itemize and name each issuer.	<input checked="" type="checkbox"/>			\$

In re WILLIAMS	Case No.
Debtor(s)	(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing Plans. Itemize.	<input checked="" type="checkbox"/>			\$
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	<input checked="" type="checkbox"/>			\$
13. Interests in partnerships or joint ventures. Itemize.	<input checked="" type="checkbox"/>			\$
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<input checked="" type="checkbox"/>			\$
15. Accounts Receivable.	<input checked="" type="checkbox"/>			\$
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<input checked="" type="checkbox"/>			\$
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	<input checked="" type="checkbox"/>			\$
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	<input checked="" type="checkbox"/>			\$
19. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<input checked="" type="checkbox"/>			\$
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<input checked="" type="checkbox"/>			\$
21. Patents, copyrights, and other intellectual property. Give particulars.	<input checked="" type="checkbox"/>			\$
22. Licenses, franchises, and other general intangibles. Give particulars.	<input checked="" type="checkbox"/>			\$

In re WILLIAMS	Case No.
Debtor(s)	(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
23. Automobiles, trucks, trailers, and other vehicles and accessories.	<input type="checkbox"/>	1990 JEEP CHEROKEE: \$2500.00 1987 PLYMOTH CARAVELLE: \$500.00		\$ 3,000.00
24. Boats, motors, and accessories.	<input checked="" type="checkbox"/>			\$
25. Aircraft and accessories.	<input checked="" type="checkbox"/>			\$
26. Office equipment, furnishings, and supplies.	<input checked="" type="checkbox"/>			\$
27. Machinery, fixtures, equipment, and supplies used in business.	<input checked="" type="checkbox"/>			\$
28. Inventory.	<input checked="" type="checkbox"/>			\$
29. Animals.	<input checked="" type="checkbox"/>			\$
30. Crops - growing or harvested. Give particulars.	<input checked="" type="checkbox"/>			\$
31. Farming equipment and implements.	<input checked="" type="checkbox"/>			\$
32. Farm supplies, chemicals, and feed.	<input checked="" type="checkbox"/>			\$
33. Other personal property of any kind not already listed. Itemize.	<input checked="" type="checkbox"/>			\$
34. AMOUNTS FROM CONTINUATION SHEETS		<u>0</u> CONTINUATION SHEETS ATTACHED		\$
TOTAL NO. PAGES, INCLUDING ATTACHMENTS: 3				TOTAL → \$ 3,755.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)

In re WILLIAMS

Case No.

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" - include the entry on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed state whether husband, wife both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 133981-1 OAKWOOD ACCEPTANCE CORPORATION PO BOX 35807 GREENSBORO, NC 27425	<input type="checkbox"/>		1997 HOME PAID IN PLAN; DEBOR IS 3 PAYMENTS BEHIND AT \$795.00 VALUE \$ 65,000.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66,559.00	\$
ACCOUNT NO. 32939587 WELLS FARGO FINANCIAL 1821 HILLDALE ROAD DURHAM, NC 27705	<input type="checkbox"/>		1999 LOAN ON 1990 JEEP AND 1987 CARAVELLE PAID IN PLAN VALUE \$ 3,000.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 4,443.00	\$
ACCOUNT NO. 136259.00 CITIFINANCIAL 3823 GUESS ROAD DURHAM, CN 27705	<input type="checkbox"/>		NON-PURCHASE MONEY LOAN HOUSEHOLD GOODS PAID IN PLAN VALUE \$ 200.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 3,429.00	\$
ACCOUNT NO. _____	<input type="checkbox"/>		VALUE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Subtotal →
(Total of this page)

\$ 71,431

Total →
(USE ONLY ON LAST PAGE)

\$ 71,431

____ continuation sheets attached.

(Report Also on Summary of Schedules)

In re WILLIAMS	Case No.
Debtor(s)	(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C", in the column labeled "HWJC."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule E.

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Extensions of credit in an involuntary case:** Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. §507 (a)(2).

☐ **Wages, salaries, and commissions** Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, and commissions owing to qualifying independent sales representatives up to \$4,000* per person, earned within 90 days immediately preceding the filing of the original petition or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. §507 (a)(3).

☐ **Contributions to employee benefit plans** Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. §507 (a)(4).

☐ **Certain farmers and fishermen** Claims of certain farmers and fishermen, up to \$4,000* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a)(5).

☐ **Deposits by individuals** Claims of individuals up to \$1,800* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use that were not delivered or provided. 11 U.S.C. §507 (a)(6).

☐ **Alimony, Maintenance, or Support** Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. §507 (a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units** Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. §507 (a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution** Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. §507 (a)(9).

* Amounts are subject to adjustment on April 1, 1998, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re WILLIAMS	Case No. _____
Debtor(s)	(If known)

(Continuation Sheet)

TYPE OF PRIORITY

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	C O D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	* C U D	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A/C # 0302674 DURHAM COUNTY PO BOX 3397 DURHAM, CN 27702	<input type="checkbox"/>		TAXES LAND 2000 PAID IN PLAN		\$ 318.00	\$
A/C # _____	<input type="checkbox"/>				\$	\$
A/C # _____	<input type="checkbox"/>				\$	\$
A/C # _____	<input type="checkbox"/>				\$	\$
A/C # _____	<input type="checkbox"/>				\$	\$
A/C # _____	<input type="checkbox"/>				\$	\$
Subtotal → (Total of this page)					\$	
Total → (Report total also on Summary of Schedules)					\$ 318.00	

Continuation sheets attached.

(use only on last page of the completed Schedule E)

• If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

In re WILLIAMS	Case No.
Debtor(s)	(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured non-priority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0565301835841 SEARS 1620 GUESS ROAD NORTHGATE SHOPPING CENTER DURHAM, NC 27701	<input type="checkbox"/>		1999 CREDIT CARD <input type="checkbox"/> CLAIM IS SUBJECT TO SETOFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 3,549.00
ACCOUNT NO. Terry M. Bass JONES ELLIS AND SONS 419 DOWD ST. DURHAM, NC 27701	<input type="checkbox"/>		1998 CREDIT CARD <input type="checkbox"/> CLAIM IS SUBJECT TO SETOFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,700.00
ACCOUNT NO. _____	<input type="checkbox"/>		 <input type="checkbox"/> CLAIM IS SUBJECT TO SETOFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
ACCOUNT NO. _____	<input type="checkbox"/>		 <input type="checkbox"/> CLAIM IS SUBJECT TO SETOFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Subtotal → (Total of this page)							\$
Total → (Use only on last page of the completed Schedule F)							\$ 5,249.00

____ Continuation sheets attached

(Report total also on Summary of Schedules)

In re WILLIAMS	Case No.
Debtor(s)	(If known)

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include an timeshare interests.

State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
	<input type="checkbox"/> LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. <input type="checkbox"/> GOVERNMENT CONTRACT CONTRACT NUMBER:
	<input type="checkbox"/> LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. <input type="checkbox"/> GOVERNMENT CONTRACT CONTRACT NUMBER:
	<input type="checkbox"/> LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. <input type="checkbox"/> GOVERNMENT CONTRACT CONTRACT NUMBER:

In re WILLIAMS	Case No.
Debtor(s)	(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the non-debtor spouse on this schedule. Include all names used by the non-debtor spouse during the six years immediately preceding the commencement of this case.

☒ Check this box if debtor has no co-debtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re **WILLIAMS**

Case No. _____

Debtor(s) _____

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a named debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status: MARRIED	DEPENDENTS OF DEBTOR AND SPOUSE	
NAMES	AGE	RELATIONSHIP

Employment:	DEBTOR	SPOUSE
Occupation	SUPERVISOR SR. GROUNDS AND SANITATION	MAID
Name of Employer	DUKE UNIVERSITY	MR. FRANK BRODEN
How long employed	11 years	20 years
Address of Employer	PO BOX 90152 DURHAM, NC	3829 REGENT ROAD DURHAM, NC

INCOME: (Estimate of average monthly income)	DEBTOR	SPOUSE
Current monthly gross wages, salary, and commissions (prorate if not paid monthly.)	\$1,956.00	\$ 900.00
Estimated monthly overtime	\$ 0.00	\$ 0.00
SUBTOTAL	\$1,956.00	\$ 900.00
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ 270.00	\$ 200.00
b. Insurance	\$ 214.00	\$ 0.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify):	\$ 0.00	\$ 0.00
SUBTOTAL OF PAYROLL DEDUCTIONS	- (\$ 484.00)	- (\$ 200.00)
TOTAL NET MONTHLY TAKE HOME PAY	\$1,472.00	\$ 700.00
Regular income from operation of business or profession or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Income from real property	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
Social security or other government assistance (Specify)	\$ 0.00	\$ 0.00
Pension or retirement income	\$ 0.00	\$ 0.00
Other monthly income (Specify)	\$ 0.00	\$ 0.00
TOTAL MONTHLY INCOME →	\$1,472.00	\$ 700.00

TOTAL COMBINED MONTHLY INCOME : **\$2,172.00**

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document.

☐ CHECK BOX if additional sheets are attached and enter number of pages → 0 SHEETS ATTACHED.

TOTAL NUMBER OF PAGES, INCLUDING ATTACHMENTS: 1

In re **WILLIAMS**

Case No. _____

Debtor(s) _____

(If known)

SCHEDULE J- CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Item	Amount
Rent or home mortgage payment (include lot rented for mobile home)	
Are real estate taxes included? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is property tax included? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Utilities Electricity and heating fuel	\$ 0.00
Water and sewer	\$ 190.00
Telephone	\$ 0.00
Other	\$ 100.00
Home maintenance (repairs and upkeep)	\$ 0.00
Food	\$ 100.00
Clothing	\$ 400.00
Laundry and dry cleaning	\$ 100.00
Medical and dental expenses	\$ 0.00
Transportation (not including car payment)	\$ 50.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 150.00
Charitable contributions	\$ 0.00
Insurance (not deducted from wages or included in home mortgage payments)	\$ 20.00
Homeowner's or renter's	
Life	\$ 0.00
Health	\$ 0.00
Auto	\$ 0.00
Other	\$ 75.00
Taxes (not deducted from wages or included in home mortgage payments)	\$ 0.00
(Specify)	
Installment payments: (in Chapter 12 and 13 cases, do not list payments to be included in the plan)	\$ 0.00
Auto <input type="checkbox"/>	
Other	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00
Payments for support of additional dependents not living at your home	\$ 0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ 0.00
Other	\$ 0.00
TOTAL MONTHLY EXPENSES (This Page Only) →	\$1,185.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules if both parties)	\$1,185.00

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$2,172.00
B. Total projected monthly expenses	\$1,185.00
C. Excess income (A minus B)	\$ 987.00
D. Total amount to be paid into plan each _____ month (interval)	\$ 975.00

PAYMENTS TO CREDITORS

List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days (insiders 1 year) immediately preceding the commencement of this case. (Married debtors must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

none

FORECLOSURES, EXECUTIONS AND ATTACHMENTS

Is any of your or your spouse's property, including real estate, involved in Foreclosure proceedings in or out of court? If so, identify the property and the person foreclosing.

none

Has any of you or your spouses property or income been attached, garnished or seized under any legal or equitable process on or within 90 days before the date of the filing of the original petition herein? (If so, describe the property seized, or person garnished and at whose suit.)

No

TRANSFERS, REPOSSESSIONS AND RETURNS

Has any of you or your spouses property been transferred, returned, repossessed, or seized by the seller or by any other party, including a landlord on or within 90 days before the date of the filing of the original petition herein? (If so, give particulars including the name and address of the party getting the property and its description and value.)

No

COMPENSATION PAID OR PROMISED TO ATTORNEY FOR DEBTOR

If you have paid or agreed to pay (or transferred or agreed to transfer any property) to your attorney for services in connection with your case other than agreeing to pay such compensation as may be allowed by the Court to be paid from monies paid to the Trustee or for your account, then state:

None

PENDING OR PRIOR BANKRUPTCY

What proceedings under the Bankruptcy Code are now pending or have been previously brought by or against you or your spouse? State the location of the Bankruptcy Court, the nature and number of each proceeding, the date it was filed, and whether a discharge was granted or refused, the proceeding was dismissed, or a composition, arrangement, or plan was confirmed.

None

PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

List all payments made or property transferred by or on behalf of the Debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

None

**CHAPTER 13 PLAN PAYMENT ELECTION FORM
MIDDLE DISTRICT**

DATE:

TO: Chapter 13 Trustee
PO Box 3613.
Durham, NC 27702

FROM: Wootton & Wootton, PC

DEBTORS: Johnnie Williams and Grace Williams CASE NO: _____

REQUEST: Please take whatever steps are necessary to put the payroll deduction into effect as soon as possible.

PROPOSED PLAN PAYMENT: \$975.00 for 60 months

ELECTION: ☒ Male ☐ Female ☐ Both Debtors agree to a payroll deduction.
Please deduct 171.00 dollars per month from the male's wages beginning as soon as possible.

PAYROLL

INFO: Debtor Name: Johnnie R. Williams
Debtor Social Security #: 226-78-9287
Employer:
Name: Duke Un. Center
Address: PO Box 90484, Duke Station
Durham, NC 27708-0489
Telephone: 684-7689
Take Home Pay: \$1472.00.00 per month.
Paid how often: ☐ monthly ☐ bi - monthly ☐ weekly

Attorney for Debtors, Phone: 382-3065

Debtor